

## CKCS SYRINGOMYELIA STUDY GROUP

*Aiming to prevent pain in our dogs*

Pedigree Name / Registration Number \_\_\_\_\_

I would prefer to remain anonymous

Dog's Date of birth: \_\_\_\_\_

Colour B B/T R T \_\_\_\_\_

Gender M, MN F FN \_\_\_\_\_

Date questionnaire completion \_\_\_\_\_

### CLINICAL SIGNS

**At what age did your dog first show signs of syringomyelia?** \_\_\_\_\_

#### What were the initial clinical signs?

Shoulder scratching ; Scratching elsewhere  (specify) \_\_\_\_\_; Neck pain ; Pain elsewhere  Specify \_\_\_\_\_; Screaming when scratching , excited , touched , change of head position , jumping , no apparent reason ; Scoliosis (twisted spine esp. neck)  Wobbly hind limb gait   
Weak forelimbs

**When was your dog diagnosed with syringomyelia?** \_\_\_\_\_ **How old was your dog?** \_\_\_\_\_

**How was the diagnosis made?** MRI  Post Mortem  Suspected on basis clinical signs only

If possible, please attach a copy of the MRI or PM report / findings.

#### If applicable, what were the clinical signs before surgery?

Shoulder scratching ; Scratching elsewhere  (specify) \_\_\_\_\_; Neck pain ; Pain elsewhere  Specify \_\_\_\_\_; Screaming when scratching , excited , touched , change of head position , jumping , no apparent reason ; Scoliosis (twisted spine esp. neck)  Wobbly hind limb gait   
Weak forelimbs

**Is your dog alive?** Yes  No  **If dead, at what age did they die?** \_\_\_\_\_

If dead, what was the cause of death / reason for euthanasia? \_\_\_\_\_

#### What are dog's clinical signs now (if dead indicate clinical signs at time of death)

Shoulder scratching ; Scratching elsewhere  (specify) \_\_\_\_\_; Neck pain ; Pain elsewhere  Specify \_\_\_\_\_; Screaming when scratching , excited , touched , change of head position , jumping , no apparent reason ; Scoliosis (twisted spine esp. neck)  Wobbly hind limb gait   
Weak forelimbs

**Please return questionnaire to CKCS syringomyelia project coordinator** Clare Rusbridge, Stone Lion Veterinary Centre, 41 High Street, Wimbledon, UK, SW19 5AU [neuro.vet@btinternet.com](mailto:neuro.vet@btinternet.com) Confidential fax 00 44 (0)20 87860525

## CKCS SYRINGOMYELIA STUDY GROUP

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**TREATMENT**

**NO TREATMENT**

| Treatment  | When / how old was dog | How long did your dog have this treatment | Was it effective? (PLEASE GRADE 0-5 WHERE 0 IS COMPLETELY INEFFECTIVE AND 5 IS COMPLETELY EFFECTIVE) | How long was it effective for | Is your dog still receiving this drug |
|--|------------------------|---|--|-------------------------------|---------------------------------------|
| NSAIDS e.g. Rimadyl, Metacam   |                        |   |  |                               |                                       |
| Steroids e.g. prednisolone   |                        |   |  |                               |                                       |
| Gabapentin (Neurontin)   |                        |   |  |                               |                                       |
| Opioid drugs e.g. pethidine or morphine                                    |                        |   |  |                               |                                       |
| Acetazolamide (Diamox)   |                        |   |  |                               |                                       |
| Shunt surgery (syrinx to subarachnoid shunting)                            |                        | N/A                                       |  |                               | N/A                                   |
| Decompression surgery (occipital craniectomy +/- durotomy, C1 laminectomy) |                        | N/A                                       |  |                               | N/A                                   |
| Repeat shunt surgery   |                        | N/A                                       |  |                               | N/A                                   |
| Repeat decompression surgery   |                        | N/A                                       |  |                               | N/A                                   |
| Acupuncture  |                        |   |  |                               |                                       |
| Homeopathy   |                        |   |  |                               |                                       |
| Other (please specify)   |                        |   |  |                               |                                       |

N/A – not applicable

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If dog had surgery please indicate Surgeon's name \_\_\_\_\_

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